ICU GUIDELINE: MANAGEMENT OF DIARRHEA

START

Stool output >3 - 5 liquid BM or >750 mL over 24 h?

- No
  - No Intervention.
- Yes
  - Distended, tympanic, or painful abdomen?
    - No
      - No Intervention.
    - Yes
      - Discontinue EN. MD to review patient.

Medical/surgical hx consistent with diarrhea? (see purple BOX - A)

- No
  - No Intervention.
- Yes
  - Medical intervention as indicated.

Risk of stool impaction? (see blue BOX - B)

- No
  - No Intervention.
- Yes
  - Rectal check; manual disimpaction if positive. Obtain abdominal x-ray to rule out more proximal impaction as indicated.

Receiving cathartic agents? (see orange BOX - C)

- No
  - No Intervention.
- Yes
  - Change all oral liquid medications to tablet or parenteral alternative; change oral electrolyte solutions to parenteral route; discontinue all known cathartics (see BOX - C) if possible. Pharmacist to review to rule out other potential drug related cause of diarrhea.

Diarrhea resolved?

- No
  - Initiate antidiarrhea agent. Reassess need/dose daily.
- Yes
  - Rule out C. difficile associated diarrhea, bowel ischemia, other. If all investigations negative, consider fiber- containing formulae.

A: IBD, terminal ileal resection, chemotherapy, short bowel, pancreatic insufficiency, etc.

B: Chronic constipation, absent BM x 5 days, regular narcotic use, limited fluid intake.

C: Citromag®, docusate, Milk of Magnesia®, cascara, enema, PEG, hypertonic or sorbitol-containing liquid medications, oral electrolyte solutions, lactulose, Kayexalate®, etc.

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